

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL 18 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000071948

1. Corporation Name

N&R JAMAICAN BAKERY INC.

500006629295--9

-07/25/02--01002--006

***1200.00 ***1200.00

REINSTATEMENT 99-02

2. Principal Office Address

18677 Marlin Rd

3. Mailing Office Address

9032 SW 152ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FLA

City & State

Miami, FLA

Zip

33157

Country

USA

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/20/97

5. FEI Number

65-0774908

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTHONY BERNARD

Street Address (P.O. Box Number is Not Acceptable)

9032 SW 152ND Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33157

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Anthony Bernard
REGISTERED AGENT MUST SIGN

Date

7/11/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SHARUL ALLE	18667 Marlin Rd	Miami, FLA. 33157
D	ROMAN PERSAUD	18667 Marlin Rd	Miami, FLA. 33157

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Sharul Alle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/11/02

Daytime Phone #

CR2E081 (9/00)